DCH/LSN-020 (11/04)

Michigan Department of Community Health
Board of Sanitarians
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

SANITARIAN REGISTRATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Sanitarians. Questions regarding your application can be directed to the Michigan Board of Sanitarians at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time.

INSTRUCTIONS FOR REGISTRATION BY EXAMINATION

1. Please mark the appropriate type of registration for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may result in a delay in processing your application.

2. Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

3. You must document at least 3 years of experience in the field of environmental health on page 2 of the application. If you have a master's degree in an environmental health related field, you must document the completion of 2 years of experience. If you have a doctorate degree in an environmental health related field, you must document 1 year of experience.

4. If you currently hold the National Environmental Health Association (NEHA) Registered Sanitarian credential, please contact NEHA at (303) 756-9090 ext. 339 or by e-mail at staff@neha.org to have verification of this credential sent to our office. This is the only documentation you will be required to provide regarding your education and examination history.

5. If you do not hold the NEHA credential, authorize your educational institution to forward a final, official transcript directly to this office. The transcript must show the degree earned and date conferred.

6. The Transcript Translator form (attached) must be completed if your degree is NOT in Environmental Health. Copies of course descriptions must be submitted for each class listed on the Transcript Translator. In order for courses to be accepted, they must be offered through an accredited college or university. Continuing education courses and seminars are not accepted.

7. You must pass the National Environmental Health Association (NEHA) national examination in order to become registered as a Sanitarian in Michigan. Information about taking the NEHA exam in Michigan will be posted on our website at www.michigan.gov/healthlicense after January 1, 2005.

8. If you have taken the National Environmental Health Association (NEHA) national examination, you must arrange to have your scores forwarded directly to this office. NEHA scores may be obtained by contacting either NEHA at (303) 756-9090 or by email at staff@neha.org or Experior Assessments, LLC at 1-800-624-2736. Information about taking the NEHA examination is available at www.neha.org.

INSTRUCTIONS FOR REGISTRATION BY ENDORSEMENT: (you must be currently licensed or registered as a sanitarian in another state.)

1. Please mark the appropriate type of registration for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may result in a delay in processing your application.

2. Your check or money order drawn on a U.S. Financial Institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

3. You must document at least 3 years of experience in the field of environmental health on page 2 of the application. If you have a master's degree in an environmental health related field, you must document the completion of 2 years of experience. If you have a doctorate degree in an environmental health related field, you must document 1 year of experience.

4. If you currently hold the National Environmental Health Association (NEHA) Registered Sanitarian credential, please contact NEHA at (303) 756-9090 ext. 339 or by e-mail at staff@neha.org to have verification of this credential sent to our office. This is the only documentation you will be required to provide regarding your education and examination history.

5. If you do not hold the NEHA credential, authorize your educational institution to forward a final, official transcript directly to this office. The transcript must show the degree earned and date conferred.

6. The Transcript Translator form (attached) must be completed if your degree is NOT in Environmental Health. Copies of course descriptions must be submitted for each class listed on the Transcript Translator. In order for courses to be accepted, they must be offered through an accredited college or university. Continuing education courses and seminars are not accepted.

7. Complete PART I of the Verification of Licensure form and forward to EACH state where you hold or have ever held a license, certificate, registration, or approval to practice as a sanitarian. PART II will be completed by the state-licensing agency. Licensing agencies may charge a fee for this service, so you may wish to contact them before forwarding the form. You may copy this form as needed. The form must be returned directly to this office by the licensing agency.

8. If you have taken the national examination (either the PES or NEHA) in another state, you must arrange to have your scores forwarded directly to this office. PES may be contacted at (212) 367-4342; NEHA scores may be obtained by contacting either NEHA at (303) 756-9090 ext. 339 or by email at staff@neha.org or Experior Assessments, LLC at 1-800-624-2736.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Sanitarians in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Sanitarians in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.

Michigan Department of Community Health
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www.michigan.gov/healthlicense

APPLICATION FOR REGISTRATION AS A SANITARIAN

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

Board Use Only	
License Number	
Date of Licensure	

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Registration by Examination Fee: $80.00 71-6701-01**
- ☐ **Registration by Endorsement Fee: $80.00 71-6701-09**
  (Must Currently be Registered in another State)

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name

U.S. Social Security Number	Date of Birth	Daytime Telephone Number

Street Address		

City	State	ZIP Code

All Previous Names and/or Birth Name Used (if applicable)	

Have you ever held a health professional license in Michigan? ☐ No ☐ Yes	Michigan Permanent I.D./License Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	☐ Yes	☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	☐ Yes	☐ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☐ No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐ Yes	☐ No
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☐ No
7. Have you ever had a federal or state sanitarian license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	☐ Yes	☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	☐ Yes	☐ No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

9. Have you ever been refused the privilege to practice professionally for any reason by any licensure, registration, or certification board or agency? ☐ Yes ☐ No

10. Do you hold or have you ever held a sanitarian license in any state? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance From	To	Degree

Provide a description of your professional sanitarian experience. Attach additional sheets if necessary.

Name and address of Employer	Dates of Employment From	To	Duties

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

DCH/LSN-022 (11/04)

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TRANSCRIPT TRANSLATOR

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

Instructions: If you do not hold a NEHA certification and your degree is NOT a degree in Environmental Health, you must complete this form in order to become registered in Michigan. Please type or print your name exactly as it appears on your application.

First Name	Middle Name	Last Name

Please indicate which courses fulfill the following requirements and submit photocopies of course descriptions for each course listed. You must have a total of 15 semester hours (or equivalent) in Chemistry, Physics, and Biology with at least 3 semester hours (or equivalent) in each.

CHEMISTRY: (Organic, inorganic, biochemistry, nuclear chemistry) **Minimum of 3 semester hours (or equivalent)**			
Course Numbers			
PHYSICS: (Mechanics, heat, light, sound, magnetism, electricity, modern physics) **Minimum of 3 semester hours (or equivalent)**			
Course Numbers			
BIOLOGY: (Zoology, human physiology, ecology) **Minimum of 3 semester hours (or equivalent)**			
Course Numbers			

ENTER COURSE NUMBERS:	**You must have a minimum of 40 semester hours (or equivalent) of academic credit in the following areas:**		
MICROBIOLOGY			
BIOSTATISTICS			
EPIDEMIOLOGY			
COMMUNITY HEALTH EDUCATION			
PUBLIC HEALTH ORGANIZATION AND ADMINISTRATION			
ENVIRONMENTAL HEALTH			
FIELD EXPERIENCE			

DCH/HLD-001 (12/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

- ☐ Chiropractic
- ☐ Counseling
- ☐ Dentistry
- ☐ Marriage & Family Therapy
- ☐ Medicine
- ☐ Nursing
- ☐ Nursing Home Adm.
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Physician's Assistants
- ☐ Podiatry
- ☐ Psychology
- ☐ Sanitarians
- ☐ Social Work
- ☐ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	**Date of Birth**	**U. S. Social Security Number**
State Board	**License Number**	**Date of Issue**

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date

Basis for Issuance of License:

☐ Examination - Please indicate type of exam (National, Regional, State, etc.) _____

☐ Endorsement - Please indicate name of state _____

License Status
☐ Current ☐ Lapsed ☐ Inactive

Has the applicant incurred any formal or informal actions in your State?
☐ No ☐ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?
☐ No ☐ Yes

Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
☐ No ☐ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

_____ _____
Signature **Date**

_____
Type or Print Name

(S E A L)

_____
Title

_____
Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.